Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175 U440

FORM 1 GENERAL

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	ILD005189527	3	D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

EPA Region 5 Records Ctr.

291120

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP ANACONDA METAL HOSE

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 BENSLEY FRANK GC SUPV	217 234 8844

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 PO BOX 39

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 MATTOON	IL	61938

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 EAST RT 16

B. COUNTY NAME
COLES

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 MATTOON	IL	61938	029

NOV 05 1980

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST C 7 3449 (specify) FLEXIBLE METAL HOSE	B. SECOND C 7 (specify)
C. THIRD C 7 (specify)	D. FOURTH C 7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 ANACONDA METAL HOSE

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): C A 217 234 8844

E. STREET OR P.O. BOX: PO BOX 39

F. CITY OR TOWN: C B MATTOON

G. STATE: IL

H. ZIP CODE: 61938

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) C T I 9 N IL0044049	D. PSD (Air Emissions from Proposed Sources) C T I 9 P
B. UIC (Underground Injection of Fluids) C T I 9 U	E. OTHER (specify) C T I 9 (specify)
C. RCRA (Hazardous Wastes) C T I 9 R	E. OTHER (specify) C T I 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: $\frac{B}{50}$

XII. NATURE OF BUSINESS (provide a brief description)

FABRICATE FLEXIBLE METAL HOSE

F9: $\frac{A}{51}$

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
EUGENE HOGAN MGR.	Eugene W. Hogan	11/5/80

COMMENTS FOR OFFICIAL USE ONLY

C C

EPA Form 3510-1 (6-80) REVERSE

in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM **3** RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A
F	I	L	D	0	0	5	1	8	9	5	2	7	3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☒ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

C	YR.	MO.	DAY
8	56	03	30

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY

FOR NEW FACILITIE PROVIDE THE DATE *(yr., mo., & day)* OPER TION BEGAN OR IS EXPECTED TO BEGI

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP	3	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	110000	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES [illegible] FOR DESCRIBING OTHER PROCESSES (code "[illegible]"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

THIS WASTE IS THE MATERIAL DRAINED FROM A STILL THAT RECLAMES sp DIRTY SOLVENT FROM A DEGREASER. THE CONTENTS OF THIS WASTE IS LUBERCANTS, GREASES, MILL DIRT, AND OTHER FOREIGN MATERIAL REMOVED FROM METAL PARTS IN A FINISHING OPERATION. THIS WASTE CONTAINS LESS THAN 5% CHLORINATED HYDROCARBON SOLVENT.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.

   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES	
				1. PROCESS CODES *(enter)*	2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	*K 0 5 4*	*900*	*P*	*T 0 3 D 8 0*	
X-2	*D 0 0 2*	*400*	*P*	*T 0 3 D 8 0*	
X-3	*D 0 0 1*	*100*	*P*	*T 0 3 D 8 0*	
X-4	*D 0 0 2*				*included with above*

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if y ave more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER *(enter from page 1)*	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W ILD095189527	3	1	W DUP	3	2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*				D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	F001	3,200000	P	S01		D85		DISPOSED BY
2								ILL, SPECIAL WASTE
3								DISPOSAL PERMIT
4								HOLDER
5								AUTHORIZATION # 998832
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

CONTINUE ON REVERS

(enter "A", "B", "C", etc. behind the "3" to ide y photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITION ROCESS CODES FROM ITEM D(1) ON PA 3.

946

EPA I.D. NO. *(enter from page 1)*

S													T/A	C
F	I	L	D	0	0	5	1	8	9	5	2	7	3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).* F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).* F6: B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
39 29 030	088 20 060

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

C	1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E		– –

C	3. STREET OR P.O. BOX	C	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F		G			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

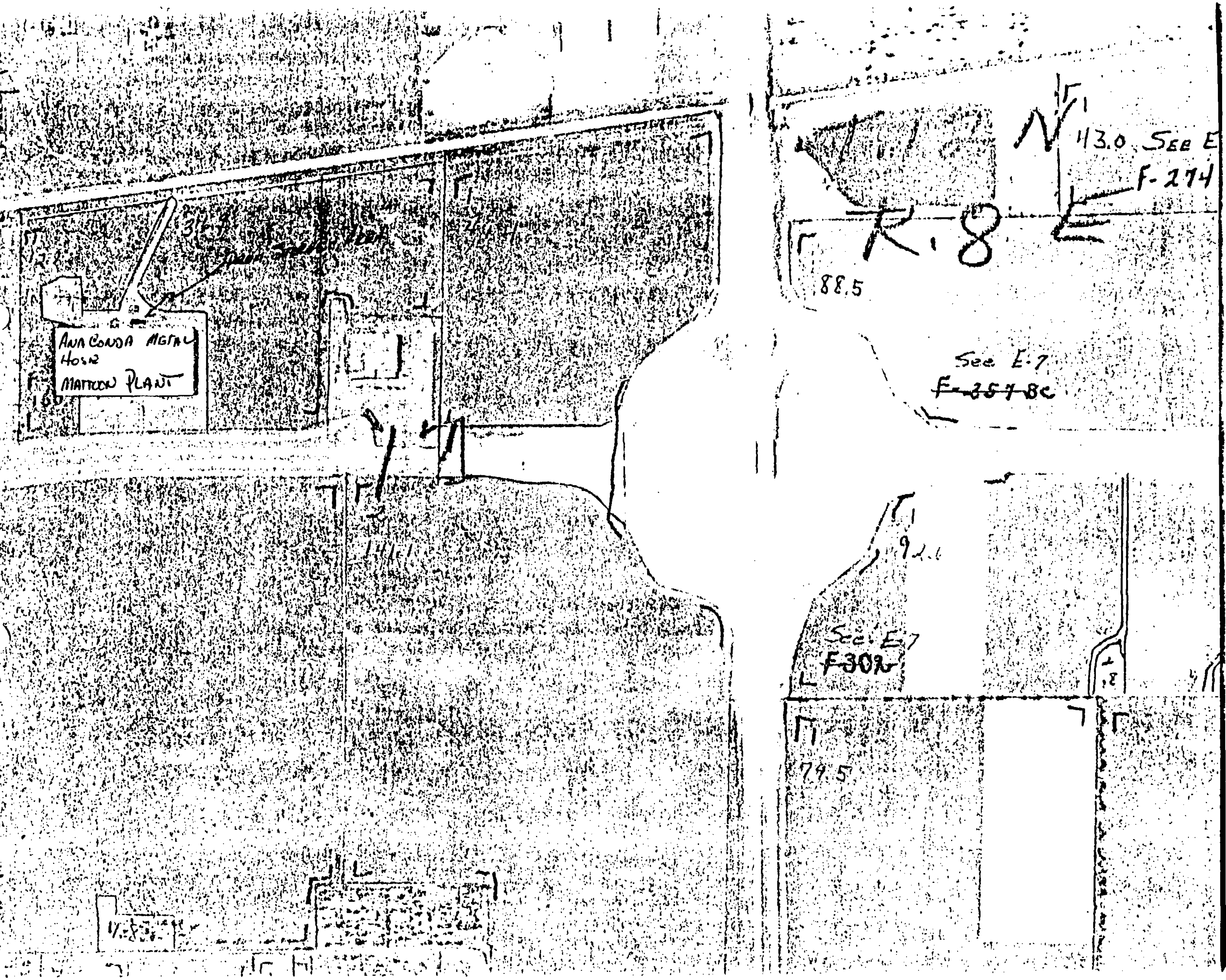
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
EUGENE HOGAN	Eugene W. Hogan	11/5/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

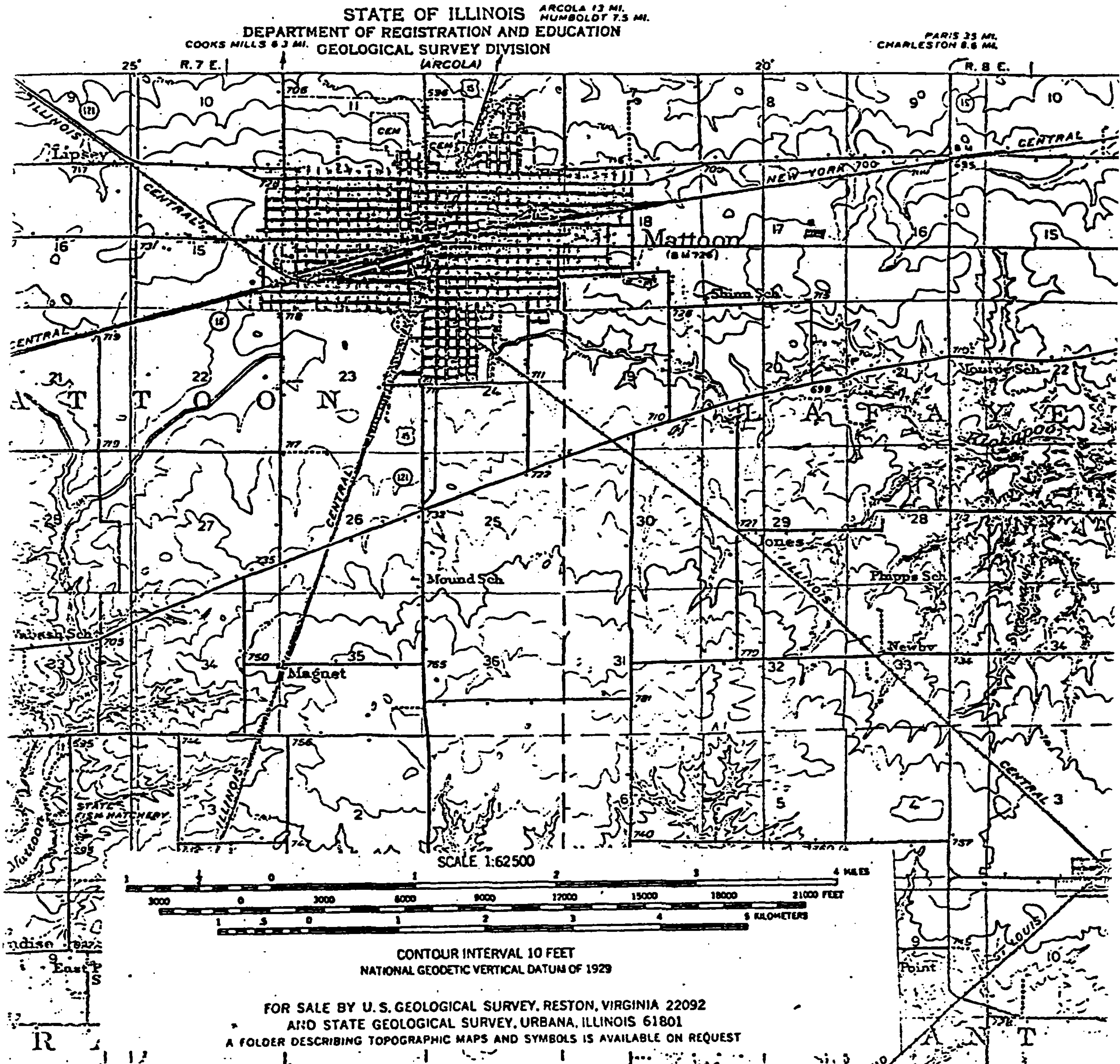
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

CONTINUE ON PAGE 5


ANACONDA METAL HOSE
MATTOON PLANT
N
113.0 SEE E
F-274
R. 8 E
88.5
See E.7
~~F-357~~ 8C
92.6
See E.7
F302
79.5

476

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
GEOLOGICAL SURVEY DIVISION


ARCOLA 13 MI.
HUMBOLDT 7.5 MI.
COOKS MILLS 6.3 MI.
(ARCOLA)
PARIS 35 MI.
CHARLESTON 8.6 MI.
25'
R. 7 E.
20'
R. 8 E.
Lipsey
ILLINOIS CENTRAL
NEW YORK CENTRAL
CENTRAL
CEM
Mattoon
(BM 726)
Shinn Sch
Louise Sch
M A T T O O N
L A F A Y E T T E
Riddle
Jones
Mound Sch
Phipps Sch
Wabash Sch
Newby
Magnet
STATE FISH HATCHERY
Mattoon
ILLINOIS
ILLINOIS CENTRAL
ST. LOUIS
Point
East
R
T
15
121
45

SCALE 1:62500

1 ½ 0 1 2 3 4 MILES

3000 0 3000 6000 9000 12000 15000 18000 21000 FEET

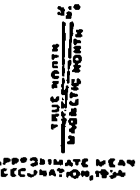
1 .5 0 1 2 3 4 5 KILOMETERS

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

pography by W.S. ames, W.E.Baird, W.A.Tingey,
Schultz, E.W.Gouchenour, F.W.Weber, and R.G.Shirley
lture and drainage in part compiled from aerial photographs
ken by Air Corps, U.S.Army
ntrol by U.S.Geological Survey
rveyed in 1930 and 1934

SIGEL 2 MI.
EFFINGHAM 10 MI.


TRUE NORTH
MAGNETIC NORTH
3½°
APPROXIMATE MEAN DECLINATION, 1934

Polyconic projection. 1927 North American datum
10,000 foot grid based on Illinois coordinate system, east zone

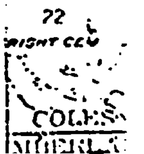
MATTOON, ILL.
N3915-W8815/15
1934

ROAD CLASSIFICATION

HARD-SURFACE ALL WEATHER ROADS
avy-duty ... 4 LANE 2 LANE
dium-duty 4 LANE 2 LANE

DRY WEATHER ROADS
Improved dirt
Unimproved dirt

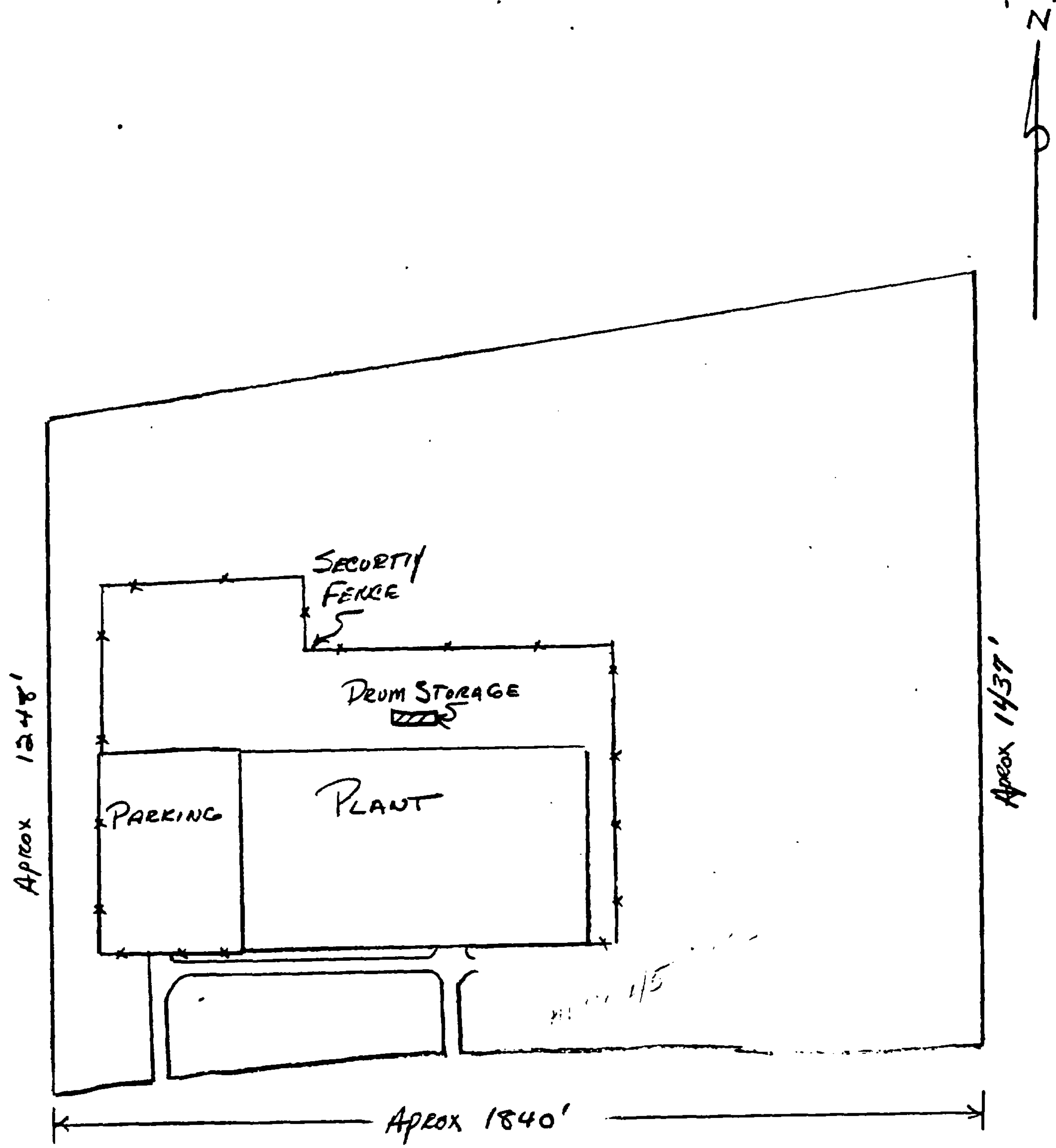
U S Route
State Route


72
RIGHT CEM
COLES
MOULTRIE

Continued from page 4.

V. FACILITY DRAWING *(see page 4)*

446


N
SECURTY FENCE
DRUM STORAGE
PARKING
PLANT
Aprox 1248'
Aprox 1437'
Aprox 1840'

ANACONDA METAL HOSE
MATTOON ILL
Oct 8, 1980

KD. BY______ DATE______

EVISED 3/12/76 TRG

HE ANACONDA C

BRASS DIVISION

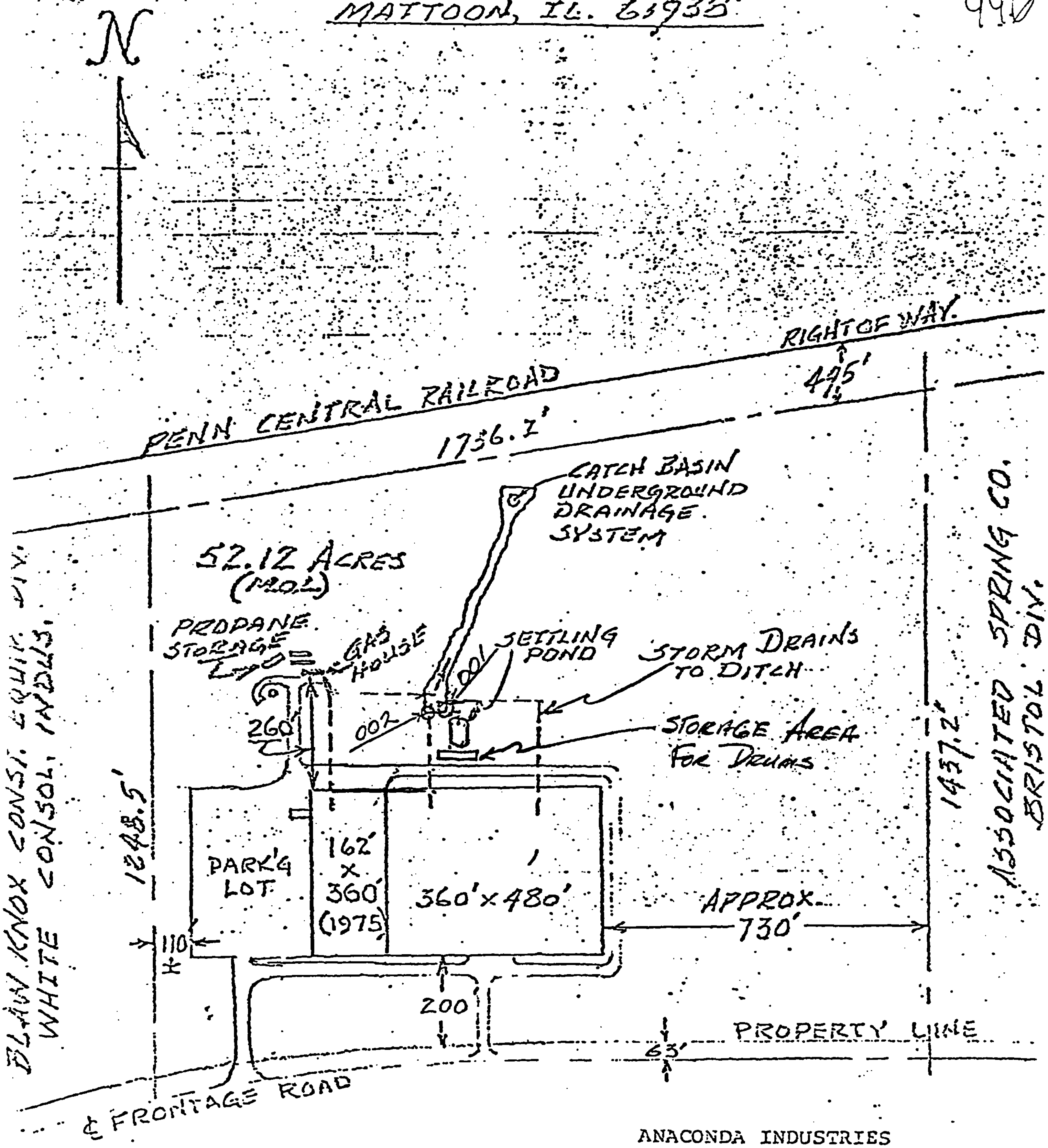
ANACONDA METAL HOSE

MATTOON, IL. 61938

JOB NO______

DO NOT SCALE

946


N
RIGHT OF WAY
44.5'
PENN CENTRAL RAILROAD
1736.2'
CATCH BASIN UNDERGROUND DRAINAGE SYSTEM
52.12 ACRES (M.O.L.)
PROPANE STORAGE
GAS HOUSE
SETTLING POND
STORM DRAINS TO DITCH
001
002
260'
STORAGE AREA FOR DRUMS
BLAW KNOX CONST. EQUIP. DIV. WHITE CONSOL. INDUS.
1248.5'
PARK'G LOT
162' x 360' (1975)
360' x 480'
APPROX. 730'
1437.2'
ASSOCIATED SPRING CO. BRISTOL DIV.
110'
200
PROPERTY LINE
63'
℄ FRONTAGE ROAD

ANACONDA INDUSTRIES
E. ROUTE 16, MATTOON, IL 61938
JUNE 11, 1980

ANACONDA Industries
ANACONDA Metal Hose
P.O. Box 39
Mattoon, Illinois 61938
Telephone: 217-234-8844

RECEIVED
APR 7
WASTE [illegible] BRANCH

March 24, 1981

Ms. Irene Alexakos
U. S. Environmental Protection Agency
Waste Management Branch
230 S. Dearborn
Chicago, IL 60604

Subject: R. C. R. A. E. P. A. Form 3510-3
(6-80) Form 3

Reference: Phone Conversation Irene Alexakos and
F. Bensley 3/23/81.

Dear Ms. Alexakos:

Your conversation with our Frank Bensley informed us that because we will not store waste materials longer than ninety (90) days, we will not be classified as a waste storer.

Also we learned that Form 3 of E. P. A. Form 3510-3 (6-80) need not have been filed with your office. Please disregard Form 3 which we filed.

Thank you for the information. If there are any questions for us, please call F. Bensley.

Very truly yours,

E. W. Hogan

E. W. Hogan
Manager

lb

ANACONDA Industries is a Division of The ANACONDA Company